



Please type a plus sign (+) inside this box → ☐

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number **09/776787**

Filing Date **02/04/2001**

First Named Inventor **Knape et al.**

Group Art Unit **1651**

Examiner Name

Attorney Docket Number **7336/3**

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☒ Customer Number **23381** →

Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Dorr, Carson, Sloan & Birney, P.C.				
Address	3010 E. 6th Avenue				
Address					
City	Denver				
Country	USA	State	CO	ZIP	80206
Telephone	303-333-3010	Fax	303-333-1470		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name **Mary Tinant**

Signature

Mary K Tinant

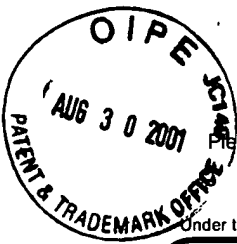
Date

7/31/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of **3** forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box  

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/776787
Filing Date	02/04/2001
First Named Inventor	Knape et al.
Title	Inactivated Bovine Scours
Group Art Unit	1651
Examiner Name	
Attorney Docket Number	7336/3

I hereby appoint:

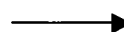
- ☒ Practitioners at Customer Number **23381** 

Place Customer Number Bar Code Label here
- ☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- ☒ The above-mentioned Customer Number.
- OR
- ☐ Practitioners at Customer Number 

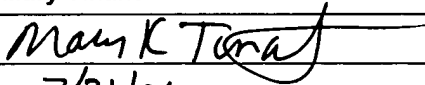
Place Customer Number Bar Code Label here
- OR

<input type="checkbox"/> Firm or Individual Name					
Address	Dorr, Carson, Sloan & Birney, P.C.				
Address	3010 E. 6th Avenue				
City	Denver	State	CO	Zip	80206
Country	USA				
Telephone	303-333-3010	Fax	303-333-1470		

I am the:

- ☒ Applicant/Inventor.
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Mary Tinant
Signature	
Date	7/31/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.



Please type a plus sign (+) inside this box → ☐

PTO/SB/82 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/776787
	Filing Date	02/04/2001
	First Named Inventor	Knape et al.
	Group Art Unit	1651
	Examiner Name	
	Attorney Docket Number	7336/3

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☒ Customer Number

23381

Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Dorr, Carson, Sloan & Birney, P.C.				
Address	3010 E. 6th Avenue				
Address					
City	Denver				
Country	USA	State	CO	ZIP	80206
Telephone	303-333-3010	Fax	303-333-1470		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Kelly Knape
Signature	<i>Kelly Knape</i>
Date	7-31-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



#4

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/776787
Filing Date	01/04/2001
First Named Inventor	Knape et al.
Title	Inactivated Bovine Scours
Group Art Unit	1651
Examiner Name	
Attorney Docket Number	7336/3

I hereby appoint:

☒ Practitioners at Customer Number
OR

23381

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

Address	Dorr, Carson, Sloan & Birney, P.C.				
Address	3010 E. 6th Avenue				
City	Denver	State	CO	Zip	80206
Country	USA				
Telephone	303-333-3010	Fax	303-333-1470		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Stephanie Dykstra

Signature *Stephanie A. Dykstra*

Date 7-31-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/776787
Filing Date	09/04/2001
First Named Inventor	Knape et al.
Title	Inactivated Bovine Scours
Group Art Unit	1651
Examiner Name	
Attorney Docket Number	7336/3

I hereby appoint:

☒ Practitioners at Customer Number

23381

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

Address	Dorr, Carson, Sloan & Birney, P.C.				
Address	3010 E. 6th Avenue				
City	Denver	State	CO	Zip	80206
Country	USA				
Telephone	303-333-3010	Fax	303-333-1470		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

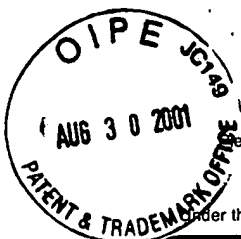
SIGNATURE of Applicant or Assignee of Record

Name	Kelly Knape
Signature	<i>Kelly Knape</i>
Date	7-31-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number **09/776787**

Filing Date **02/04/2001**

First Named Inventor **Knape et al.**

Group Art Unit **1651**

Examiner Name

Attorney Docket Number **7336/3**

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☒ Customer Number **23381** →

Place Customer
Number Bar Code
Label here

OR

☒ Firm or
Individual Name

Dorr, Carson, Sloan & Birney, P.C.

Address **3010 E. 6th Avenue**

Address

City **Denver**

Country **USA**

State **CO** ZIP **80206**

Telephone **303-333-3010**

Fax **303-333-1470**

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name **Stephanie Dykstra**

Signature

Stephanie A. Dykstra

Date

7-31-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of **3** forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Patent Assignment Abstract of Title

Total Assignments: 1

Application #: 09776787 Filing Dt: 02/04/2001

Patent #: NONE

Issue Dt:

PCT #: NONE

Publication #: 20020155128

Pub Dt: 10/24/2002

Inventors: Kelly Knape, Stephanie Dykstra, Mary Tinant

Title: Inactivated bovine scours vaccines, processes and method of preventing bovine scours

Assignment: 1

Reel/Frame: 012745/0512

Received:
04/08/2002

Recorded:
03/25/2002

Mailed:
06/01/2002

Pages:
7

Conveyance: ASSIGNMENT OF ASSIGNORS INTEREST (SEE DOCUMENT FOR DETAILS).

Assignor: GRAND LABORATORIES, INC.

Exec Dt: 01/16/2002

Assignee: NOVARTIS AG

LICHTSTRASSE 35

BASEL, SWITZERLAND CH-40

Correspondent: SHERMAN & STERLING

CHAD M. YOHN

599 LEXINGTON AVENUE

INTELLECTUAL PROPERTY DOCKETING

NEW YORK, NY 10022

Search Results as of: 6/16/2003 9:45:38 A.M.